

APPENDIX B: CONSENT TO EXCHANGE INFORMATION

Introduction

Specified information can be shared among ALL of the agencies listed below without having to obtain any additional signed consent from the client. The *Consent to Exchange Information* form was developed for use by the following agencies:

- Local departments of social services
- Area agencies on aging
- Health department clinics and programs
- Community services boards
- Department of Correctional Education
- Department of Youth and Family Services
- Service delivery areas for the Job Training Partnership Act
- Local departments of Rehabilitative Services
- Local school systems
- Regional offices, Department of Corrections
- Regional outreach offices, Department for the Deaf and Hard of Hearing
- Regional Offices, Department for the Visually Handicapped
- Virginia Employment Commission Offices

The “referring agency” is defined as the agency that initiates the completion of the *Consent to Exchange Information* form with the individual. The referring agency may use the form to request or to transmit information to other agencies. Agencies may be considered either a “referring” or an “other” agency, depending upon which agency is contacted first by the client. If all parties agree, additional public and private agencies, facilities, and organizations may be included.

Agencies are assured that, when properly executed, this is a legally valid form that meets not only their own agency’s state and federal requirements, but also those of the other participating agencies. The *Consent to Exchange Information* form has been reviewed by the Office of the Attorney General to assure compliance with federal and state confidentiality requirements. Agencies may choose to use a different uniform release form that addresses their individual needs if it meets the state and federal confidentiality and release of information statutory and regulatory requirements of ALL involved agencies.

Alcohol and Drug Abuse Confidentiality Requirements

To ensure compliance with federal alcohol and drug abuse confidentiality requirements, this form excludes the general sharing of information about clients in drug and alcohol programs. A separate release of information form specifically for alcohol and drug abuse records should be used each time information is shared between agencies (see attached form).

Purpose of the Consent to Exchange Information Form

The *Consent to Exchange Information* form is designed for use by agencies that work together to jointly provide or coordinate services for individuals with complex needs and should be used along with the referring agency's specific procedures for obtaining a valid release to exchange information. It also can be used to assist agencies obtain information needed from other agencies to determine an individual's eligibility for services or benefits. The completed form should reflect that the client (or his or her representative) controlled the choices and understood the process. When using this form, always keep in mind the importance of client wishes, client choices, and client comprehension of the process.

Agency staff and the consenting person will first determine whether the client might be eligible for services or benefits provided by other agencies. This determination should be based upon the needs, interests, and circumstances of the client as well as staff's knowledge of other agencies' services or benefits and eligibility requirements.

Referring agency staff must explain the following to the client:

- Potential services and benefits that might be available from other agencies.
- What information these agencies might need and for what purpose(s).
- The purpose of the form.
- The consequences of signing or not signing this release.
- Key provisions and protections (e.g., revocation, access to agencies' written record).

Staff should make every attempt to ensure that the consenting person understands the provisions of the form and should make appropriate efforts to accommodate the special needs of the consenting person. If the consenting person is unable to read or is blind or visually impaired, staff should read the form to him or her. Interpreters should be made available for people who do not speak English and for those who are deaf or hearing impaired. If the consenting person does not appear to comprehend the meaning of the form, it should be explained. If staff have ANY doubts that the consenting person is not comprehending the purpose and provisions of the form, they should ask the consenting person questions about the form (what the form allows the agency to do, etc.).

Based upon these answers, if staff determine that the consenting person is NOT comprehending the purpose and provisions of the form, staff should follow their agency's procedures for assuring that the form is signed by a legally authorized consenting person who fully comprehends the purpose and provisions of the form. The signature of a consenting person who does NOT comprehend what he or she is signing is not valid.

If the consenting person agrees, the form should be completed. This should be done by the consenting person, wherever possible. The consenting person must sign the form and insert the date in the indicated place. Staff explaining the form to the consenting person must sign the form

in the indicated place. For those agencies with procedures requiring a witness (e.g., for a person who cannot write), space is provided for a witness to sign the form. The witness must observe the consenting person signing or placing a mark on the form and then must sign as indicated. The referring agency must give a copy of the completed form to the consenting person.

Sharing Information with Other Agencies

It is important for the referring agency to notify the other listed agencies that they are parties to this agreement to exchange information. This notification can be by telephone or through written correspondence. This notification must be entered into the client's record. If the referring agency wants to receive information from other agencies, it must provide a copy of the signed consent form with its initial request for information from each listed agency.

Virginia Privacy Protection Act Requirements

To ensure compliance with the Virginia Privacy Protection Act, each time information is disclosed by any of the listed agencies, staff of the disclosing agency must enter the following information into the client's record:

- Name of the agency and the name, title, telephone number of the individual receiving the information.
- Type and source of the information disclosed.
- Reason or purpose for the disclosure.
- Date the information was disclosed.

This requirement can be met by using a disclosure log (sample attached) or through the agency's own record keeping policies and procedures.

NOTE: The consenting person has the right to review the records of disclosure of the referring and other agencies upon request during the agencies' normal business hours.

Agency Record Keeping Policies and Procedures

Referring Agency: The original signed copy of the *Consent to Exchange Information* form, disclosure record, and any related materials shall be maintained in accordance with the agency's record keeping policies and procedures.

Other Agencies: A copy of the *Consent to Exchange Information* form, disclosure record, and any related materials shall be maintained in accordance with the agency's record keeping policies and procedures.

Renewing or Amending the Consent Form

The referring agency can renew or amend (e.g., by adding additional agencies) the original signed copy of the *Consent to Exchange Information* form by having the consenting person sign and insert the date beside the amendment on the original form. The referring agency must

give a copy of the amended form to the consenting person and forward a copy of the amended form to each of the listed agencies.

Revocation of Consent

Consent to exchange information will expire on the date or condition agreed to by the consenting person. However, anytime prior to the expiration, the consenting person may choose to revoke or cancel this consent either with all or with selected agencies.

The consenting person may revoke his or her consent by informing any of the involved agencies in writing, by telephone, or in person. This notification must be noted on the back of the *Consent to Exchange Information* form and signed and dated by the agency staff person receiving the request to revoke the consent.

If the consenting person exercises the option of revoking his or her consent (in entirety or with selected agencies) to share information under the agreement, the agency receiving this notice shall inform all other listed agencies that are authorized to exchange information under the agreement of the revocation of the consent.

Clients Who Refuse to Sign the Consent Form

It is absolutely essential that the client understand and appreciate what will happen as a result of signing this form. The client also needs to understand that there is no requirement to sign this form, but that not signing the form will result in specific consequences. If the form is not signed, the client must deal with each agency individually to obtain needed information, and/or the agency may not be able to provide services. If the form is signed, the process for applying for and receiving services may be easier for both the client and the involved agencies.

When Not to Use This Form

The *Consent to Exchange Information* form should not be used with:

- Individuals who do not comprehend the purpose and substance of the consent form; or
- Individuals for whom drug or alcohol abuse diagnostic or treatment information is being shared. In these cases, a separate consent form (attached) should be used.

Can Other Interagency Consent Forms Be Used?

Agencies should accept the *Consent to Exchange Information* form as a legally valid form. However, they may choose to use a different release form that addresses their individual needs IF it meets the state and federal confidentiality statutory and regulatory requirements of ALL the involved agencies.

COMMONWEALTH OF VIRGINIA
UNIFORM CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information to provide services and benefits. By signing this form, I allow agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I, _____, am signing this form for
(FULL PRINTED NAME OF CONSENTING PERSON OR PERSONS)

(FULL PRINTED NAME OF CLIENT)

(CLIENT'S SSN - OPTIONAL)

My relationship to the client is: ☐ Self ☐ Parent ☐ Power of Attorney ☐ Guardian
☐ Other Legally Authorized Representative

I want the following confidential information (*except drug or alcohol abuse diagnoses or treatment information*) about the client to be exchanged:

Yes	No		Yes	No	Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Assessment Information	<input type="checkbox"/>	<input type="checkbox"/>	Medical Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	Educational Records
<input type="checkbox"/>	<input type="checkbox"/>	Financial Information	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Records
<input type="checkbox"/>	<input type="checkbox"/>	Benefits/Services Needed, Planned, and/or Received	<input type="checkbox"/>	<input type="checkbox"/>	Medical Records	<input type="checkbox"/>	<input type="checkbox"/>	Criminal Justice Records
Other Information (write in):			<input type="checkbox"/>	<input type="checkbox"/>	Psychological Records	<input type="checkbox"/>	<input type="checkbox"/>	Employment Records
						<input type="checkbox"/>	<input type="checkbox"/>	All of the Above

I want

(NAME AND ADDRESS OF REFERRING AGENCY AND STAFF CONTACT PERSON)

and the following other agencies to be able to exchange this information:

Yes No	Yes No	Yes No
<input type="checkbox"/> <input type="checkbox"/> Nursing Facilities	<input type="checkbox"/> <input type="checkbox"/> Area Agencies on Aging	<input type="checkbox"/> <input type="checkbox"/> Community Services Board
<input type="checkbox"/> <input type="checkbox"/> Home Health Agencies	<input type="checkbox"/> <input type="checkbox"/> DMHMRSAS	<input type="checkbox"/> <input type="checkbox"/> Hospices
<input type="checkbox"/> <input type="checkbox"/> Local Health Departments	<input type="checkbox"/> <input type="checkbox"/> Physicians	<input type="checkbox"/> <input type="checkbox"/> Hospitals
<input type="checkbox"/> <input type="checkbox"/> Dept. of Social Services	<input type="checkbox"/> <input type="checkbox"/> Dept. of Medical Assistance Svcs	<input type="checkbox"/> <input type="checkbox"/> Other:
<i>Are more agencies listed on back?</i> <input type="checkbox"/> <input type="checkbox"/>		

I want this information to be exchanged ONLY for the following purpose(s):

☐ Service Coordination and Treatment Planning ☐ Eligibility Determination ☐ Other:

I want this information to be shared by the following means: *(check all that apply)*

☐ Written Information ☐ In Meetings or By Phone ☐ Computerized Data ☐ Fax

I want to share additional information received after this consent is signed: ☐ Yes ☐ No

This consent is good until: ☐ My service case is closed. ☐ Other: _____

DECLARATION OF CONSENT

I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information. I want all the agencies to accept a copy of this form as a valid consent to share information. **If I do not sign this form, information will not be shared and I will have to contact each agency individually to give information about me that is needed.**

Signature(s): _____ Date: _____
(CONSENTING PERSON OR PERSONS)

Person Explaining Form: _____

Witness (If Required): _____
(Name) (Title) (Phone Number)
(Signature) (Address) (Phone Number)

**COMMONWEALTH OF VIRGINIA
UNIFORM CONSENT TO EXCHANGE INFORMATION**

Full Printed Name of Client: _____

FOR AGENCY USE ONLY

CONSENT HAS BEEN:

- ☐ Revoked in entirety
☐ Partially revoked as follows:

NOTIFICATION THAT CONSENT WAS REVOKED WAS BY:

- ☐ Letter (Attach Copy) ☐ Telephone ☐ In Person

DATE REQUEST RECEIVED: _____

AGENCY REPRESENTATIVE RECEIVING REQUEST:

(AGENCY REPRESENTATIVES FULL NAME AND TITLE)

(AGENCY ADDRESS AND TELEPHONE NUMBER)

Instructions for Completing the Consent to Exchange Information Form

PURPOSE - The “Consent to Exchange Information” form is designed for use by agencies that work together to jointly provide or coordinate services for individuals with complex needs. It also can be used to assist agencies to obtain information needed from other agencies to determine an individual’s eligibility for services or benefits.

Agencies may use this form in lieu of forms that are currently used and receive the same legal protections. The only exception involves drug and alcohol patient records which are governed by federal regulations.

This form DOES NOT change existing state or federal laws or program - specific regulations under which agencies operate.

This form should be viewed as the end product of a discussion between the worker and the client or the client’s authorized representative which documents the client’s decision on when and what type of information can be released or obtained. This form should NOT BE USED with a client who does not comprehend the purpose and substance of the Consent Form.

WHEN PROPERLY EXECUTED, THIS IS A LEGALLY VALID DOCUMENT FOR EXCHANGING CLIENT INFORMATION. TO BE PROPERLY EXECUTED ALL STATEMENTS MUST BE COMPLETED WITH THE APPROPRIATE INFORMATION AND/OR BY CHECKING THE APPROPRIATE YES OR NO BOX.

CONSENTING PERSON OR PERSONS - Enter the full name of the person/persons authorizing the exchange of information.

NAME OF CLIENT - Enter the full name of the client about whom the information will be shared.

CLIENT’S ADDRESS, BIRTHDATE, SOCIAL SECURITY NUMBER (SSN) - Enter the client’s address, date of birth, and social security number (SSN). *NOTE: Section 2.1-385 of the Code of Virginia makes it unlawful to require a client’s social security number in order to obtain benefits or services unless a specific law allows the agency to require it.*

RELATIONSHIP TO Client - Check the consenting person’s relationship to the client. Note: A legally valid consent requires that one of the listed relationships be present.

INFORMATION TO EXCHANGE - Check the appropriate box next to the information the client wishes to exchange among the listed agencies. If necessary, write in any other information the client wishes to exchange. *NOTE: If the client wishes to limit some of the information to be exchanged in any category, the limitations must be recorded on the back of the form. A client may want to exchange most, but not ALL, of the specific information checked “Yes” (e.g., a reference to past psychiatric hospitalization contained in psychiatric records). If the client wants some specific parts of a record to remain confidential, the referring agency MUST exclude this information when that record is shared with the other agencies).*

REFERRING AGENCY AND STAFF CONTACT PERSON - Enter the name and address of the agency which initiates the completion of the form. The staff contact person is the name of the staff person who discussed/explained the use of the form with the client and, if appropriate, assisted the client in completing the form.

SHARING AGENCIES - Check the type of agencies with which the information will be exchanged. If more space is needed, additional agencies can be listed on the back of the form. The consenting person(s) must place his or her signature or initials beside the name(s) of each agency listed on the back. The referring agency should notify the listed agencies that they are parties to the CONSENT TO EXCHANGE INFORMATION. This notification can be by telephone or written correspondence. This notification must be recorded in the client’s record. If the referring agency wants to obtain information from the listed agencies, it must provide a copy of the signed consent form. The copy may be mailed or faxed.

MORE AGENCIES LISTED - Check the appropriate box if more agencies were listed on the back of the form.

PURPOSE OF EXCHANGE - Check the appropriate box(es) or enter other purposes in the designated space.

HOW THE INFORMATION IS EXCHANGED - Check all appropriate boxes.

SHARING OF NEW INFORMATION - The client can limit the exchange of information contained in the record as of the date of the consent by checking the NO box. Information not in the record after the consent is signed can be exchanged by checking the YES box.

EXPIRATION - The length of time the consent is valid should bear a relationship to the client's participation in a project, service plan or treatment plan, and should be the client's choice. The consent form may NOT be valid "forever", "indefinitely" or for extremely long periods of time. Unless the client specifies a particular date or circumstances, acceptable length of time would be "until placement" or "until my case is closed".

SIGNATURES - The consenting person(s) must sign and date the form. A copy of the signed consent form must be given to the consenting person(s). If the consenting person cannot write and/or does not speak English, he or she will put his or her mark (i.e., initials, an "X") in the signature space. The staff person explaining the form to the consenting person(s) must sign the form and enter identifying information and a telephone number. If the agency procedures require a witness to a consenting person's mark, space is provided for his or her signature. The witness must observe the consenting person sign or place a mark on the form.

REVOCAION OF CONSENT - The consent to exchange information will expire on the date or circumstances agreed to by the consenting person(s). The consenting person(s) may revoke all or part of the consent at any time prior to the expiration by notifying any of the involved agencies. This notification can be by telephone, in writing, or in person. This notification to revoke must be documented on the back of the consent form by checking the appropriate boxes and entering the applicable information.

NOTIFICATION OF REVOCATION - The agency receiving the revocation notice must notify in writing all listed agencies of the client's revocation of his or her consent, either entirely or partially. Notification must be recorded in the case record.

RENEWING OR AMENDING THE CONSENT FORM - The referring agency can renew or amend the original consent form by having the consenting person(s) sign and date beside the amendment(s) on the original form. A copy of the amended form must be given to the consenting person(s) and an amended copy must be sent to all listed agencies.

**INTERAGENCY CONSENT TO RELEASE CONFIDENTIAL INFORMATION
FOR ALCOHOL OR DRUG PATIENTS**

I, _____, of _____
(Name of patient/client) *(Patient/client's address)*

authorize _____ to disclose to
(Custodian of information)

(Name, title, and organization to whom disclosure is to be made)

the following information: _____
(Specific information to be disclosed)

for the following purpose(s): _____
(Reason for disclosure)

I understand that my records are protected under Federal and State confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations. I also understand that I may revoke (or cancel) this consent at any time, except to the extent that action has been taken in reliance on it, and that in any event this consent automatically expires as described below:

(Date, event, or condition upon which this consent will expire)

I further acknowledge that the information to be released was fully explained to me and that this consent is given of my own free will.

Executed this, the _____ day of _____, 19____

This consent ☐ includes ☐ does not include information placed on my records after the above date.

(Signature of patient/client)

(Signature of parent/guardian, where required)

Signature of person authorized to sign in lieu of parent)

NOTE WHERE INFORMATION ACCOMPANIES THIS DISCLOSURE FORM: *This information has been disclosed to you from records protected by Federal Confidentiality of Alcohol or Drug Abuse Patient Records rules (42 CFR part 2.) The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.*

*Instructions for Preparing the Interagency Consent to Release Confidential
Information for Alcohol or Drug Patients*

PURPOSE - This form is used in lieu of the “Consent to Exchange Information” form when sending or requesting information from a substance abuse program.

A substance abuse program is an entity that receives federal funds of any type that is providing one or more of the following:

- Diagnosis
- Treatment
- Referral for Treatment of Substance Abuse

Only substance abuse programs meeting this definition are governed by federal regulations.

Substance abuse programs covered by federal regulations may release information which identifies a person as a substance abuser, as a general rule only when:

- The person has consented to the release of information by signing the special form.
- A medical emergency exists and the information is being released to medical personnel.
- The court authorizes release.

(NAME OF AGENCY AND STAFF CONTACT PERSON)

(CASE NUMBER)

(CLIENT'S SSN - OPTIONAL)

[illegible]

Instructions for Preparing the Disclosure Log

PURPOSE - To ensure compliance with the requirements of the Virginia Privacy Protection Act. Each time information is disclosed by any of the listed agencies, staff of the disclosing agency must enter the following information in the client's record:

1. Name of the agency and the name, title, and telephone number of the individual receiving the information.
2. Type and source of the information disclosed.
3. Reason or purpose for the disclosure.
4. Date that the information was disclosed.

This requirement can be met either by using the disclosure log or by following the agency's current procedures to meet disclosure requirements.

CLIENT NAME - Enter the name, address, birthdate, and social security number (SSN) (optional) of the client about whom the information is disclosed.

LOG INFORMATION - Enter the information required in the appropriate box(es).